

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

# UTILITY PATENT APPLICATION TRANSMITTAL

CERTIFICATION UNDER 37 CFR 1.10

I hereby certify that on **September 26, 2003** this document and all listed attachments were being deposited with the United States Postal Service in an envelope as "Express Mail Post Office to Addressee" mailing Label Number **EU 725 534 827 US** addressed to Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

**GAYLE VINSON**

(Type or Print name of person mailing paper)

(Signature of person mailing paper)

Attorney Docket No. 0179.0036

First Inventor: Cary J. MARTIN

Title: HEAT-SETTABLE RESINS

Mail Stop Patent Application  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Transmitted herewith for filing in the above-identified patent application are:

<input checked="" type="checkbox"/> Transmittal/Fee Calculation	<input checked="" type="checkbox"/> Oath and Declaration [Total Pages 2]	<input type="checkbox"/> Copies of IDS References
<input checked="" type="checkbox"/> Application Data Sheet	<input type="checkbox"/> Power of Attorney	<input type="checkbox"/> Sequence Listing
<input checked="" type="checkbox"/> Specification [Total Pages 22]	<input checked="" type="checkbox"/> Assignment (incl. Cover Sheet)	<input type="checkbox"/> Computer-Readable Copy
<input checked="" type="checkbox"/> Drawings [Total Sheets 11]	<input type="checkbox"/> Information Disclosure Statement	<input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)
<input checked="" type="checkbox"/> Check No. 8320 for \$924.00	<input checked="" type="checkbox"/> Check No. 8321 for \$40.00	<input type="checkbox"/>

**FEE CALCULATION:** The filing fee has been calculated as shown below:

For	Claims Filed	No. Extra	Small Entity Rate	Small Entity Fee	Standard Rate	Standard Fee
Basic Fee	25 - 20 =	5	x \$ 9.00	\$375.00	x \$ 18.00	\$750.00
Total Claims						90.00
Independent Claims	4 - 3 =	1	x \$ 42.00		x \$ 84.00	84.00
<input type="checkbox"/> Multiple Dependent Claims Presented			+ \$140.00		+ \$280.00	0.00
			Total		Total	924.00

**METHOD OF PAYMENT**

- ☒ The Commissioner is hereby authorized to charge any deficiency of the indicated fees and credit any overpayments to:

Deposit Account No. **50-1811**

Deposit Account Name **David J. Oldenkamp**

- ☒ Charge any additional fees Required Under 37 CFR 1.16 and 1.17

- ☐ Applicant claims small entity status 37 CFR 1.27

☒ **Payment Enclosed:**

- ☒ Check ☐ Credit Card ☐ Money Order ☐ Other

Respectfully submitted,

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Dated: **September 26, 2003**